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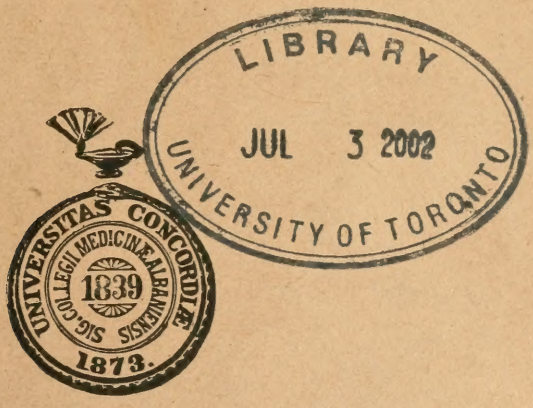
Vol. XL No. 5

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

MAY, 1919



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Journal of the Alumni Association of the Albany Medical College

EDITED BY
J. MONTGOMERY MOSHER, M. D.

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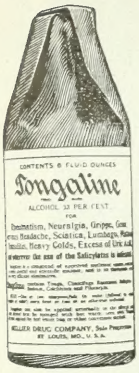

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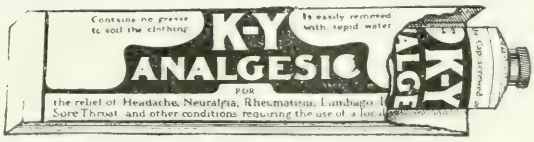
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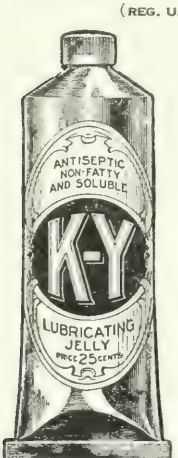

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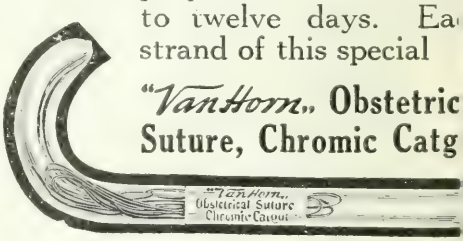

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VOL. XL MAY, 1919 No. 5

ALBANY MEDICAL ANNALS

Original Communications

THE SHELL-SHOCK WARD.

BY JOHN CHAPIN MOSHER,
Albany, N. Y.

Foreword: I am calling it "shell-shock" although the term is not allowed in army reports and has no medical authority; and many of the cases on the ward were nerve wounds or men with nervous difficulties not traceable to the firing line. But this is the name under which the ward was known in the hospital, and in America it seems to be the most general and most popular term for all the complex mental disorders that the war brought upon the men overseas.

For three months this last fall I was an orderly on "A 1," the "shell-shock" ward at Base Hospital 33, Portsmouth, England. These letters were scrawled in casual chance moments at a time when fits and attacks of all sorts were the normal occurrences of every day and when it seemed altogether artificial to consider them as any extraordinary demonstrations to be particularly recorded. Many of these letters may seem flippant. I suppose it is inevitable that one cultivate a certain callousness when distress is such a common thing. Otherwise life would be unendurable, and we ourselves more useless than the sick. Men who have been on the line understand this a thousand times more clearly. But I am not altering the character of these notes in any way—they are just as I wrote them those arduous days; that is as much a part of the story they have to tell, as the facts they give.

September 16.

I know you will be interested in Captain Viets' ward — the shell-shock ward. It's run, run, run, and fit, fit, fit, from 7 a. m. to 7 p. m. Sackett and I are "on" days, and Terry McGovern, a big Irish boy, and Cook, "on" nights. But these last few days I've had it pretty much all on my own hands, since Sackett was knocked out by a patient who went on the rampage the other day and flew at every one in sight More of that later. We also have some T. B.s on the ward but they are not especially interesting, being just sick, you know.

As everywhere else I guess, it's food and feeding that takes up most of our time. We serve thirty-five men on the ward, including six or seven trays. The non-tray or "up" patients line up with their plates, bowls and cups — Sackett and I serve them — and they carry the stuff to long tables, all of us arguing, shouting over sugar and butter and "seconds," and there's generally one epileptic fit as a set-off. They get the same food we do; meat and potatoes and greens and tea make perhaps the best meal, and again like tonight's supper, we'll have soggy macaroni and apple sauce that looks like shoe polish.

Every morning at nine the captain makes his rounds, "the royal procession," one nurse and Sackett and I following with notes and records and blanks. It's done in military form of course, all the patients who can standing "at attention," and the others sitting with at least an expression of "at attention."

Twice a week Captain Viets has private talks in his office with the patients, and he has allowed me to come to some of these. He made one man write out and read to him the story which he dreams every night over and over, which he cannot forget — of that scene on the front when a lieutenant who had been an intimate friend of his in civilian life, had his whole side torn away by a shell. He dreams of the body turning black and of the screaming of the wounded horses. We must be careful with this man, not to slam doors near him, or rattle dishes. Once I had to wake him when he could not have been dozing for more than ten minutes, and he started up with wild eyes, and with a terrible convulsive twitching of his fingers. Another little fellow, a New York Jew with the croix de guerre, dreams every night that he

is going over the top, although in the daytime he is quite normal and cheerful. Another distraught, quivering boy who looks over ninety dreams every night that terrible dream of being chased and of not being able to move, and always he feels in his chest the bayonet of a German prisoner he had once seen. One boy came to us having slept for nine days, but after two with us he woke up coolly, and now is quite an ordinary being.

Our most energetic patient, the man who knocked out Stanley, roused himself after two calm, undiagnosed days and hit a man over the head with a Victrola record. He calmed down until midnight when without any warning he jumped on the man in the next bed and almost strangled him. For the rest of the night Cook sat on guard at his feet, while he bolstered himself straight up, his eyes glaring through the dark, making a queer clicking noise with his teeth. Next morning he could hardly endure lying still, and of course at the first opportunity he slid out of bed. There was a riot. He leaped across the room at me — I have never seen anything so quick in my life — he was like a steel spring. All the men ran at him. He was thrown down on his bed with about ten men on top of him. One excited infantryman got in an awful sidewhack too. You can imagine how this upsets the whole ward. Some of the men say they would rather be at the front. At last we put him in a private room, but he appeared just as we were serving mess, and stood a threatening figure at the end of the corridor, and the whole ward cowered as he demanded to be taken to the bathroom. At the end he had to be tied down in bed. First though he managed to get in a nasty dig at Sackett, catching him in an unwary contemplative mood. Poor old Stan is slowly recovering, formally on the sick list and wondering if he doesn't get a wound stripe.

Another of our coterie has tried to commit suicide three times, and must never be left alone a moment. First he stabbed himself with a tent peg, then slashed his throat with a safety razor blade, and just the other day tried to chop open his skull with the steel heel of his trench shoe. This last business happened at noon mess, and as usual started off the whole ward. The only patient to see anything of the mix-up was one epileptic who strolled to a quiet corner of the courtyard, and fell in a fit; this

brought on an attack of the same sort in another boy, which in turn caused one highly sensitive patient to faint. And generally disturbed several others. All in a matter of ten minutes. Then we all had dinner.

These epileptics are very sad boys. One of them, a Tennessee farmer, runs an average of three attacks a day, generally at mess time; the excitement of the crowding together of thirty men is too much for him. And the draft boards planned to send him to the trenches! It's heart-breaking; he is so strong otherwise. But they will send him back soon I think, to his wife and his two children — he was married at sixteen. Besides these patients our personnel includes two prisoners who have their special guard, a marine with an old wound in his arm and an ex-top sergeant, the mental case, who reads theosophy all day and explains to Captain Viets the negatives and positives of the spirit. Otherwise he avoids sedulously all contact with the men around him. One other boy never speaks, he is so haunted by the suspicion that we are all conspiring to poison him, but he plays the violin delightfully, and entertains the whole ward with "Dancing on the Levee" and "Over There." Between the prisoners and their guard, and the suicide and his guard, and the epileptics and the shell shocks, we are already winning a certain notoriety.

As for us, we practically live on the ward. We have an old padded cell (you know, this was an insane asylum before the Americans took it over) and we sleep there on mattresses thrown on the padded floor. It's better than the tents these wet, windy nights.

P. S.—To illustrate how trivial a circumstance can disorganize the peace of the ward: Yesterday the Duke of Connaught visited the hospital, and though the men in A 1 only saw him from a distance, the event of his royal presence gave one epileptic an attack, with its usual sequence throughout the ward.

October 13.

Some easing up of the work here lately. No fits. Monday one man slipped away from his guard, ran around the hedge of the courtyard, jumped into the Red Cross captain's automobile. The captain was scared to death, though the boy just sat beside

him and stared fixedly ahead. And the driver lost his wits, and ran the car into the ditch. An orderly arrived just in time to calm their alarm, and assure the patient no one would hurt him, if he would return to the ward.

October 26.

Last night they brought in a colored boy, a funny little fellow that the whole ward began to pet at once. He was pretty tired and took his bath and went to bed though without bothering much about anyone. But in the dead silence of midnight, he suddenly began to chant "Come and be saved, oh, all you good Christians, come and be saved — come and be saved." Nobody could sleep through it, and they finally shut him in a private room. This morning he is squatting on top of his bedside table, chanting all his remarks: "No — I don't want any more breakfast. — I wa-ant that piece of sweet bread — sweet white bread," and urging the captain to "co-ome and be saved."

One man looked particularly woe-begone this morning, and at last began to cry. He said he was hungry, though an hour before he had refused to eat any breakfast.

October 29.

A Norwegian here has terrible pains in his head from a shell explosion. But his mind skips the scenes of the front to the day he sailed from America, for just before the transport left the docks he got a telegram that his mother had died, and nothing seems to have impressed him more vividly than that shock. Another youngster — they are such kids, so many of them — is just beginning to get his bearings after a high fever that followed the "flu." When we asked him if he didn't want to send his Christmas package permit home, it developed that he had no idea how to write home — naturally as he had never been away from there before.

Captain Devine, the English superintendent of the asylum in the old days, told me it was not the sensitive, delicately poised mind that suffers the most strain in these times, but rather that of the man of close routine. The most severe experiences of the front he found educated men treating in the light of experience,

adapting themselves to the situation in some such detachment, and bearing up under rotten drudgery with the idea of learning something. I suppose it is a good argument for education, which I am sure needs all that can be found for it in this world. For instance one man has been on the ward for months suffering a sort of neurasthenia. He's a large, bald-headed, middle-aged man who had been post-master in a small middle-west town. All his life he had gone through the same daily program, dealing with the same people in the same way. Naturally he has not been trained to meet any abrupt contingency. Well, he is digging a grave on the front and a shell comes along and blows him in it and buries him. Personally I should think that would have been disconcerting to anyone, even after the most varied existence. Of course it will be months before he is able even to take up that old familiar round of life.

A giant of a lieutenant on the ward can't sleep nights, and all day long he roams the corridor of the ward watching the patients and declaring he'll be as bad as the worst of them before long. He receives quantities of mail which he never opens, storing it all up, he says, until he recovers. He hasn't written to his people in three months.

Here's a letter just come from one of the patients who has been sent back to the States. This boy only had one attack here. He had been sitting in his corner in his usual rigid manner all afternoon; suddenly he opened his mouth and gave one shout, and then settled back in his old calm. The two boys he refers to were the epileptics, "A" the boy who used to have one fit a meal here.

" Dear captin I will rite you a fue lines to let you no how I am getting along. not any better. we left liverpool sunday. just got here last nite Oct. 9—we had only two nice days, the rest of the time was storming. I wish I could see you and "A" told me to tell you he would rather be with you than to be where he is. it is like the pinortenchery here. they keep us locked up all the time. I had 12 spells crossen the sea and "A" had three spells and " C " had two spells. we had to help one another with our spells. there was seven orderlies that come across with the crowd and a mager and a captain and a nurs. we are on Ellis

Island for two or three days. I dont no where we go from here. when I get settled again I will rite you a letter. tell Miss Anna C. Purcell I wish she was here. I would like to see all the nurses. when I get to another hospital will rite to them. I will close for this time hoping to here soon. from your pashen — so long for this time. exuze my ritting I hant a good riter."

Thanksgiving.

This morning our very sick patient died. For these last few weeks he has been our only concern in the ward. He had a bullet through the lungs, and another that still remained in his spinal column. Poor boy, it has been a long difficult dying, although I don't believe he had any idea he would die until very near the end. He liked to be read to; and to have one of us stroke his arm, from a sort of loneliness, I think. He would call out "Read — Rub" and we would read whatever we happened to have around, and rub his arm until he dozed, which he would do very quickly. He never cared what we read, or ever followed it, only objecting to one story because it touched upon the war. Yesterday, the day before he died, two letters (his first mail) came to him, from his mother, and from the girl he was to marry.

Of all the armistice celebration two weeks ago I shall never forget coming into his room, from where, propped up with pillows, he could hear the shouting and the singing in the streets. "They tell me it's peace," he said, "but I don't believe it."

December 5.

We have still about 900 patients in the hospital, though three nights ago we cleared out 400—leaving only twelve in our own ward. It was really a very well handled job, getting them out, not a hitch anywhere, an instance when you understand a need for the meticulous army sense of detail.

We called our men at midnight (in the army you know one always starts on a journey at about three in the morning and gets up four hours before to be ready), got them up, and dressed, had a supper, checked up each man on his clothes, etc., distributed Red Cross candy, and lined them up in alphabetical order. Of course this time they were only too ready to co-operate, only

one boy a bit bewildered, because of seventeen Scotches in the course of the afternoon, we were informed. At the end the captain climbed a bench and wished them bon voyage, whereat they all clapped and started out in single file on their long, long journey home across the Atlantic, headed by an epileptic negro in the "B's."

Correspondence

"THE EVIL THAT HAS BEEN SPOKEN OF PHYSICIANS."

8 Apr. '19.

DEAR MONT.

"By special request," quite a while ago, our friend, Dr. Callamand of St. Mandé, France, sent me a French work whose title translates: "The Evil that has been Spoken of Physicians." It is in two duodecimo volumes, having a total of more than six hundred pages. The editor of the book is Dr. Callamand's personal friend, Dr. Witkowski. It seems as if you might find the translation of some extracts from the work fit for publication in the ALBANY MEDICAL ANNALS. In that case I am sure Dr. Callamand would be glad to read the ANNALS, at least to that extent.

CULVER.

"The physician who pretends to be able to cure diseases of which he cannot cure himself, is an ignoramus and a dishonest man." St. Gregory of Nyssa.

PLAUTUS (250-184 B. C.)

THE MENECHMI.

OLD MAN. "What a violent attack! What frenzy! O gods, save us! Nevertheless, only a moment ago this lunatic was quite sensible. What a terrible illness has suddenly attacked him! Let us get a physician as soon as we possibly can." (*Goes out.*)

SCENE 2.

MENECHMUS, *alone*. "Have they finally gone? These facetious parties who are bound to consider me crazy, altho I am, in reality, perfectly well!"

SCENE 3.

OLD MAN, *coming back.* "I have kidney-pains from sitting still and pain in the eyes from looking, while I wait for the doctor to come back from his calls. The bothersome person! What trouble he has to get thru with his patients. He pretends that Esculapius and Apollo had, one a broken arm and the other a broken leg and that he fixed them both up; when I come to think of it, I wonder if it's a doctor that I'm getting or a doughty smith. Here he comes, walking about as fast as a pismire."

SCENE 4.

THE DOCTOR, *with a grotesquely puffed-up air.* "What disorder is it that you say he has? Repeat, old man, is it mania or frenzy? I would like to know. Is he a victim of lethargy or of dropsy?"

OLD MAN. "That's just what I'm bringing you here to tell me, and to have you cure whichever it is."

DOCTOR. "Nothing easier! I'll cure him, I give you my word for that!"

OLD MAN. "It's a treatment that requires great care, I tell you that!"

DOCTOR. "I'll put myself out of breath six hundred times a day, such care will I take and such earnestness will I show!"

OLD MAN, *pointing out Menechmus, beside himself, who arrives.* "There is your patient!"

DOCTOR. "Let's watch how he behaves."

SCENE 5.

MENECHMUS, *not seeing anybody.* "By Pollux, this day is a mighty unfortunate, very unlucky one, for me. All that I hoped to keep secret has been discovered by this parasite, the author of the trouble and scandal in which I find myself; my perfidious Ulysses, who has caused his king all these chagrins! If the gods spare my life, I'll take his; but when I call it his, I talk like a fool; since it is really my own, inasmuch as it was at my table and at my expense that it was nourished. I'll deprive him of existence. And that courtesan! How thoroly she has acted like those of her sort! Because I beg her to give me the mantle,

in order that I may return it to my wife, she insists that she has already given it back to me. Ah! By Pollux, I am mighty unfortunate!"

OLD MAN. "You hear him?"

DOCTOR. "He is complaining of his illness."

OLD MAN. "Go and talk to him."

DOCTOR. "Greeting, Menechmus! Why do you bare your arm? You don't know how much you make yourself worse, by that!"

MENECHMUS. "Go hang yourself!"

DOCTOR. "Do you feel?"

MENECHMUS. "Parbleu, yes! Of course I feel!"

DOCTOR, *to the Old Man.* "A whole field of hellebore wouldn't be enuf. But say, tell me, Menechmus!"

MENECHMUS. "What do you want of me?"

DOCTOR. "Answer my questions. Do you drink white wine or strong, colored wine?"

MENECHMUS. "Oh! Go to the gibbet, where you'll finish!"

DOCTOR. "His attack is beginning."

MENECHMUS. "Why don't you ask me if I eat red, or violet or yellow bread? or if I nourish myself with birds with scales or fish with feathers?"

OLD MAN. "O heavens! You hear what extravagances he utters! Hurry up and give him some potion, before his illness acquires all its force."

DOCTOR. "Wait a bit; I want to ask him something further."

MENECHMUS. "More yet? You'll kill me with your verbosity."

DOCTOR. "Tell me, do your eyes get hard, habitually?"

MENECHMUS. "Do you take me for a grass-hopper, you imbecile?"

DOCTOR. "Do you sometimes hear your bowels crying?"

MENECHMUS. "When I've had enuf to eat, they don't cry. It's when I'm hungry that they get to crying."

DOCTER. "By Pollux, that answer isn't that of a lunatic. Do you sleep till morning? Do you go to sleep readily when you go to bed?"

MENECHMUS. "I sleep well when my debts are paid. May Jupiter and all his gods confound you, you accursed questioner!"

DOCTOR. "His folly is beginning again: take care, when it is your turn."

OLD MAN. "Oh! Those things are mild as compared with what he was just saying. He was calling his wife a mad bitch."

MENECHMUS. "*I?* *I* was using such language as that?"

OLD MAN. "You are demented, I tell you!"

MENECHMUS. "*I?*"

OLD MAN. "Yes, yourself; you have threatened to crush me under a chariot with four horses. That's the kind of extravagances I've known you to be guilty of; that's what I'm telling you!"

MENECHMUS. "And I, I know that you stole his sacred crown from Jupiter; and that, for that, you were thrown into prison; and that you got out of prison only in order to be beaten with rods and to wear the criminal's iron collar; *that* I know. I know, too, that you assassinated your father and sold your mother. Have I ready wit? and have I returned you insult for insult?"

OLD MAN. "I implore you, Doctor, do, as soon as you can, what belongs to your function. Don't you see that he's having an attack?"

DOCTOR. "Do you know what will be better? Have him taken to my place."

OLD MAN. "Is that your advice?"

DOCTOR. "Yes, I can take care of him, there, just as I want to."

OLD MAN. "As you will!"

DOCTOR, *to Menechmus.* "I'll have you drink hellebore for about twenty days."

MENECHMUS. "And *I'll* have *you* hung up and curried for about thirty!"

DOCTOR, *to the Old Man.* "Get somebody that can carry him!"

OLD MAN. "How many will there need to be?"

DOCTOR. "In the demented condition in which I see him, it will take four men,—at least four!"

Old Man. "They'll be here in a minute. And meantime, you, Doctor, watch him carefully!"

Doctor. "Not on your life! I'm going home, to get ready what is needed. Bid your servants bring him to me, there!"

Old Man. "He'll be there, pretty soon."

Doctor. "Then I'll go on!"

Old Man. "So long!" (*They go out, each at his own side.*)

Menechmus. "My father-in-law is gone; the Doctor is gone! Here I am, all alone! Great Jupiter! Why is it that these people are bound to make out that I'm crazy. Since I came into this world I haven't had a single sick day. I'm not crazy and I'm not trying to make trouble or to have a quarrel with anybody. I enjoy perfectly good sense and I regard other people as well behaved; I recognize people and talk with them. But those who pretend that I talk wildly, haven't they, themselves, lost their heads?"

Le Mal qu'on a dit des Médecins.

A grave-digger was burying one of his neighbors and, as he finished his task, noticed, standing by, the physician who had treated the defunct during his last illness. "I supposed you so skillful," he said to the doctor, "that you would cure this man." "I did the best I could for him," answered Medicus, "but this man was quite ill." "If he hadn't been quite ill," queried the digger, "would he have had any need of you?"

Heraclitus. "If physicians be excepted, there is nothing more foolish in the world than grammarians."

"The surest mark of a low order of civilization and lack of regularity of a people, is to find many judges and doctors among them."

"Plato regarded medicine as being as injurious to individuals as to society generally." "*La Mercure,* February, 1772."

Phaedon gave me neither purge nor massage; yet, having a fever, I tho't of his name,—and here I am, dead!

Socles, having promised to straighten the hunch-backed Diodorus, placed three heavy blocks of stone on the hump of his spinal column. Crushed by their weight, Diodorus died, but he was straighter than he had been.

(One translator (into French) calls this: "The Orthopedist.")

Concerning Dr. Simon:

If you have any enemy, Dennis, don't call down upon him the wrath of Isis nor that of Harpocrates, nor of any divinity, if such there be, that can deprive him of his sight; but Dr. Simon's the one to call in; and you know that Simon can do anything that any god can do.

In performing a surgical operation, Agelaus killed Acestorides. "If he had lived," said the surgeon, "he would have limped."

Dr. Alexis visited five patients; he prescribed alike for all of them, a purge, a drug and massage; and for all five of them there was only one night, one certificate of death, one gravedigger, one tomb and one mourning.

Yesterday Dr. Marcus touched the statue of Jupiter and, although it was marble and despite the fact of it being Jupiter, to-day it has been carried away, like all the rest of his patients.

Bernier, in his *Essays on Medicine,* tells of how somebody, who sought charity for a physician who had become poor, thought he was making an apt answer, when, upon being asked if the physician no longer had patients to attend, said: "No, he hasn't any more patients; they all died!"

Pausanius was asked how the Thracians could be exterminated: "By putting a physician at the head of the opposing army," he said. In the same way, the author of *Médicins à la censure,* has Sosandre say, in one of his interviews with Cleanthus: "War is called the medicine of the state, because it kills so many."

Once there was a doctor who didn't know his trade. While all the others would say to a patient: "Have courage! You'll get well; the sickness lasts a long time, but we'll beat it!"—this bungler talked to them like this: "You'd better get your affairs straightened out, for you're dying; I don't want to scare or deceive you; but if you should live till to-morrow, you can't last much longer than that!" So saying, he left and didn't come back. Awhile afterward, the patient, who had gotten around, but was still pale and rather shifty on his legs, met the doctor, who greeted him with: "Good morning! How are things going in Hell?" "Oh, everything is very quiet there,—for they drink Lethe water. But lately the great Pluto and his wife were very threatening in their attitude toward doctors who dared to cure their patients. They were making a list of the names of such guilty ones, and your name was among the first on it; frightened as I was by that, I rushed forward, touched their scepter and swore to them that if anybody called you a physician, it was the purest calumny!"

A rustic laughed in his sleeve to see his doctor put on his spectacles in order to examine the money that rusticus had just paid him, and then leave them off while examining the urine that he had brought for the doctor to analyze.

Neither in the deluge of Deucalion, when the earth disappeared under water, nor in the universal conflagration that Phaeton started, did so many persons perish as have been killed by Potamon the poet and Hermogenes the surgeon; so that, since the beginning of time, there have been four great plagues: Deucalion, Phaeton, Hermogenes and Potamon.

Diophanthus having dreamed of Hermogenes, the physician, never got up again, despite the fact that he wore a protective amulet.

Dr. Crateus and Damon, the undertaker, get along nicely as mutual purveyors; Damon steals the shrouds of those whom he buries, and sends them to Crateus, to be used as bandages. And those whom Crateus bandages, he finally puts into coffins and they are sent to Damon for burial.

Editorial

> Or do you not see that at Troy they excelled in war, and likewise practiced medicine in the way I mention? Or do not you remember, that when Menelaus was wounded by Pandarus, they
>
> Wash'd off the blood, and soft'ning drugs applied?
>
> But as to what was necessary for him to eat or drink afterwards, they prescribed for him no more than for Eurypylus, deeming external applications sufficient to heal men who before they were wounded were healthful and moderate in their diet, whatever mixture they happened to have drunk at the time; but they judged, that to have a diseased constitution, and to live an intemperate life, was neither profitable to the men themselves nor to others, and that their art ought not to be employed on these, nor to minister to them, not even though they were richer than Midas.
>
> You make, said he, the sons of Esculapius truly ingenious.
>
> *The Republic of* PLATO.

✣ ✣ ✣

The Alumni Association. The alumni meeting of last year was in every way a success. Anticipations were somewhat lugubrious, for the days of that anxious summer of 1918 were dark days and the terrible suspense of war overshadowed all undertakings. Many of our faculty and graduates were in active service, casualty reports were scanned daily with apprehensive eyes, and, with it all, was the increased burden carried by those at home who bravely added to their own the duties of the absentees. But the spirit which carried some to the camps and over-seas moved others to supreme effort to maintain the industries and institutions at home. This saved the alma mater, and carried it over a threatening crisis to the promise of a brighter day. The officers of the Association, in whose hands rests its fate, spurred by the necessities of the occasion, concentrated their energies upon the alumni reunion, and were rewarded by an attendance and cooperation which resulted in an epoch-making anniversary.

The preliminary announcements of the current year have been likewise encouraging. The response has been general, and the

meeting on June tenth next, promises to excel. The military feature will be conspicuous, and after mutual congratulations and hearty greetings, will take to some extent the character of a victory jubilee. The program of the day will follow that of last year, with some slight modifications suggested by experience. The provisional arrangement is as follows:

9 A. M.	General assembly at the college.
10 A. M.	Annual meeting of the Association.
12 M.	Inspection of college and decennial class reunions.
1 P. M.	Luncheon at Country club.
3:30 P. M.	Clinics at Albany Hospital.
8 P. M.	Annual dinner at Hotel Ten Eyck.

The purpose of this plan is to engage the attention of visiting alumni for the day, and to make the occasion pleasant and profitable. Those who have not visited the old college building in the last three or four years will find much of interest in the adaptation of the familiar lecture rooms and laboratories to the requirements of recent methods of medical instruction. The face is the face of the ancient form, but the voice is new. There will be time in the forenoon for this renewal of acquaintance with the shrine of bygone years.

A slight change of method in the conduct of the afternoon clinics results from the experience of last year. Instead of a series of short demonstrations following one another, six groups, of surgery, medicine, neurology, gynecology, mental diseases, and the specialties, respectively, will be in action, so to speak, for two hours, leaving the choice of intellectual pabulum to the visitor, who may select one or the other, or more, at his pleasure. The hospital will be open to all.

Of the dinner in the evening it is too early to speak. Postprandial orators are elusive creatures. It is only possible to announce that the aspirations of the sub-committee on speakers run high. Whether all their hopes are realized or not, present arrangements permit the assurance of an acceptable entertainment.

It is necessary to ask that those who plan to attend will notify the Executive Committee at as early date as the decision is made.

As the reunion promises to be an unusually large one, it is desirable that preparations be made to provide for all. The price of the dinner tickets will be four dollars and of the luncheon one dollar and a half. Every alumnus whose address in on the roll will receive the announcement and program, with a return slip upon which to indicate his preferences. The arduous duties of the entertainment committee will be assisted and the pleasure of the day will be assured by this simple method of cooperation.

Remember the date—JUNE TENTH.

Public Health

Edited by Arthur Sautter, M. D.

Department of Public Safety, Bureau of Health, Albany, N. Y.

Compiled by William F. Fullgraff, Registrar.

Bureau of Vital Statistics.

Deaths for Month of March, 1919.

Consumption	28	Bright's Disease	12
Typhoid Fever	1	Apoplexy	9
Scarlet Fever	0	Cancer	10
Whooping Cough	1	Accidents & Violence	7
Measles	0	Death under 1 year	15
Grippe	35	Deaths over 70 years	47
Diarrheal Diseases	3	Death rate	23.12
Pneumonia	21	Death rate less non-residents	20.50
Broncho Pneumonia	11		

Deaths in Institutions.

	Non-res.	Res.		Non-res.	Res.
Albany Hospital	5	11	St. Peter's Hospital	3	6
Albany Hospital Camp.	1	5	Maternity Hospital	0	4
Home for the Aged	1	4	Child's Hospital	1	3
St. Margaret's House	0	1			
Homeopathic Hospital	5	14		22	61
Alms House	5	10	Births		181
Public Places	0	2	Still Births		7
Hospital for Incurables.	1	1			

DIVISION OF COMMUNICABLE DISEASES.

Typhoid Fever	1	Whooping Cough	4
Scarlet Fever	11	Tuberculosis	40
Diphtheria and Croup	9	Mumps	49
Chickenpox	44	Pneumonia	90
Smallpox	0	Influenza	599
Measles	148	Septic Sore Throat	1
German Measles	0	Total	996

Number of days quarantine for scarlet fever:

Longest..... 31 Shortest..... 31 Average..... 31

Number of days quarantine for diphtheria:

Longest..... 35 Shortest..... 10 Average..... 22 3/5

Fumigations:

Rooms..... 219 Buildings..... 97

Milk bottles disinfected 577

Communicable Diseases in Relation to Schools.

	Reported D. S.F. M.
Public School No. 1	9
Public School No. 2	13
Public School No. 3	17
Public School No. 6	4
Public School No. 7	12
Public School No. 14	2
Public School No. 15	2
Public School No. 16	28
Public School No. 20	21
Vincentian Institute	1
Albany Boys' Academy	1
Christian Bros. Academy	1
St. Joseph's Academy	2
St. Ann's School	2

Miscellaneous.

Cards posted for communicable disease	93	Inspections and reinspections	98
Cards removed	78	Vaccinations	21
Notices served on schools	266	Vaccination dressings	32
Notices served on stores and factories	12	Children examined for employment certificates	14
Postal card returns sent to doctors	93	Number of employment certificates issued	13
Postal card returns received from doctors	78	Dogs examined for rabies	1
		Dogs re-examined for rabies	1

Tuberculosis.

Living cases on record March 1, 1919		876
Cases reported:		
By card	32	
Dead cases by certificate	8	40
		916
Dead cases previously reported	20	
Dead cases not previously reported	8	
Removed	6	
Died out of town	0	
Recovered	0	
Unaccounted for	2	36
Living cases on record April 1, 1919		880
Total tuberculosis death certificates		40
Non-resident deaths:		
Albany Hospital Camp	1	
C. F. L. Pavilion	0	
County Hospital	1	
St. Margaret's House	0	
City at Large	0	
Child's Hospital	1	3
Resident deaths		37
Visits to cases of tuberculosis		56
Miscellaneous visits		14
Physicians visited		6

LABORATORY REPORT.

Diphtheria.

Initial Positive	14	Release Negative	155
Initial Negative	258	Unsatisfactory	10
Release Positive	28		
		Total	465

Sputum for Tuberculosis.

Positive	64	Unsatisfactory	0
Negative	80		
		Total	144

Widals.

Positive	0	Unsatisfactory	1
Negative	27		
		Total	28

Meningococcus.

Positive	0	Negative	0
		Total	0

Wassermann tests	197	Gonorrhea examinations	15
Milk analyses	189	Rabies	1
Water analyses	4	Miscellaneous examinations	1
Pathological examinations	0		
		Total examinations	1,044

Division of Sanitation.

Complaints	44	Reinspections	25
Inspections	39	Plumbing	4
Plumbing	7	Sanitary	21
Sanitary	32		

Hearings.

Hearings	0

Division of Plumbing, Drainage and Ventilation.

Inspections	81	Smoke	0
Old Houses	80	Blue or red	0
New Houses	1	Peppermint	1
Permits issued	55	Water test	6
Plumbing	46	Houses examined	15
Building	9	Re-examined	71
Plans submitted	31	Valid	5
Old buildings	23	Without cause	10
New buildings	8	Violations	0
Houses tested	7		

Report of Removal of Dead Animals.

Horses removed	9	Cats removed	65
Dogs removed	56		
		Total	130

DIVISION OF MARKETS AND MILK.

Public market inspections ..	20	Milk cans inspected	84
Market inspections	96	Milk cans condemned	0
Fish market inspections	9	Lactometer readings	96
Fish peddler inspections	0	Temperature readings	96
Slaughter house inspections.	2	Fat tests	61
Rendering establishment inspections	0	Sediment tests	28
		Chemical tests	4
Pork packing house inspections	0	Cows examined	84
		Cows quarantined	0
Hide house inspections	0	Cows removed	2
Milk depots inspected	12	Complaints investigated	0
Stores inspected	175	Milk Houses inspected	8
Dairies inspected	8	Bob veal condemned .....120 lbs.	

Society Proceedings

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

REGULAR MEETING, THURSDAY, JANUARY 23, 1919.

The meeting was called to order by Dr. Charles H. Moore. Thirty-five members were present. The minutes of the last regular meeting were read and approved. Dr. Luther Emerick of Saugerties, president of the Third District Branch, visited the meeting. The President appointed the following committees:

Legislation: Dr. James F. Rooney, chairman; Dr. William G. Lewi, Dr. Edgar A. Vander Veer.

Public Health: Dr. Henry L. K. Shaw, chairman; Dr. Joseph P. O'Brien, Dr. Clinton P. McCord.

Milk Committee: Dr. Thomas W. Jenkins, chairman; Dr. Ellis Kellert, Dr. F. J. Williams, Dr. Fred N. Bibby, Dr. John S. McCormick, Mr. John F. Miller (Advisory).

Publication: Dr. Charles H. Moore, chairman; Dr. Arthur J. Bedell, Dr. Howard E. Lomax.

Scientific Program

The following program was presented:

Report of a Case of Thrombosis of the Cavernous Sinus, Eugene E. Hinman, M. D.

Laboratory Work in the Army, Thomas W. Jenkins, M. D.

The papers were discussed by Dr. LaSalle Archambault, and Dr. James F. Rooney, and Dr. A. J. Bedell.

REGULAR MEETING, TUESDAY, FEBRUARY 11, 1919.

The meeting was called to order by Dr. Charles H. Moore.

Scientific Program

Diseases of the Chest affecting Men in the Army, Joseph P. O'Brien, M. D.

Lessons to be Learned from the Army in the Diagnosis of Heart Diseases, Nelson K. Fromm, M. D.

Experiences as Chief of the Surgical Service of Debarkation Hospital No. 51, Gerald Griffin, M. D. (by invitation).

Discussion led by Dr. Leo H. Neuman.

Special Meeting, March 4, 1919.

A special meeting was called on March 4, 1919, by the Comitia Minora for the purpose of considering the question of compulsory health insurance and other matters pertaining to public health now pending in the Legislature.

Dr. Charles H. Moore called the meeting to order at 8:30 p. m.

Dr. James F. Rooney, chairman of the Legislative Committee; Senator Frederick M. Davenport, Assemblyman Clarence F. Welsh, Dr. John M. Andrews, and Dr. James H. Mitchell, of Cohoes, discussed the compulsory health insurance bill.

Dr. James H. Mitchell, of Cohoes, moved that the Albany County Medical Society go on record as being unanimously opposed to compulsory health insurance in any form. The motion was seconded, and carried unanimously.

A vote of thanks was tendered Assemblyman Welsh, Senator Davenport, and Dr. Andrews for their response to the invitation extended and their part taken in the discussion.

Forty members were present.

Regular Meeting, March 18, 1919

Dr Charles H. Moore called the meeting to order at 8:30 p. m., and directed the Secretary to read the minutes of the January meeting, which were corrected and approved.

The scientific program of the February meeting reported.

The minutes of the special meeting held Tuesday, March 4th, corrected and approved.

Dr. Thomas H. Halstead, president of the Medical Society of the State of New York, addressed the Society concerning the unanimous opposition to the compulsory health insurance bill which is being manifested by the various county societies of the State.

Dr. James F. Rooney, chairman of the Legislative Committee, spoke concerning the amendments to the bill as it then stood.

Dr. James H. Mitchell, of Cohoes, was elected Vice-President to succeed Dr. Sabin.

Scientific Program

Dr. Shaw gave an interesting review of his work as Army Intelligence Officer, and told of the many phases of his work regarding the apprehension of propagandists, slackers, and spies, and the results obtained by the friends of the Department, and others, in sustaining the morale of the men.

Drs. Hinman, Jenkins, Rooney, and Halstead discussed the paper.

Thirty-six members were present.

Meeting adjourned at 11 p. m.

Regular Meeting Tuesday, April 8, 1919.

The regular monthly meeting was held on Tuesday, April 8th.

The meeting was called to order at 8:30 P. M. by Dr. Charles H. Moore.

The minutes of the last regular meeting read and approved.

Under the reports of committees, Dr. James F. Rooney, Chairman of the Legislative Committees, spoke concerning the further amendments to the compulsory health insurance bill.

Dr. A. G. Root, moved that the Society, through its Secretary, send a letter of condolence to the family of the late Dr. Frank Van Fleet. The resolution was adopted.

Scientific Program

Base Hospital No. 33, Clinton B. Hawn, M. D.

Field Hospital Work in Europe, Clarence E. Mullens, M. D.

A discussion followed by Dr. Rooney and Dr. Fromm.

Medical News

The Albany Guild for Public Health Nursing.—Statistics for April, 1919.—Number of new cases, 311; classified as follows: Charity cases, 75; cases, moderate income, 60; metropolitan, 96; prenatal (no charge for calls), 26; dispensary social service, 28; tuberculosis, 26; cases carried from last month, 122; total number of cases under care during month, 433. New cases classified according to disease: Medical, 121; surgical, 19; obstetrical—(a) prenatal, 26; (b) confinement, 31; (c) maternity, 6; no diagnosis, 9. Disposition: Removed to hospital, 4; died, 7; discharged cured, 87; discharged improved, 78; discharged unimproved, 1; discharged to other care, 40; to dispensary, 5; number of patients still under care, 131. Cases reported by: Physicians, 34; metropolitan agents, 68; patients' families or friends, 73; nurses, 19; Home S. S. Dept., 3; other sources, 7; dispensary, 8.

Special Obstetrical Department.—Number of obstetricians in charge, 0; number of students in attendance, 0; number of new cases this month, 3; number of nursing visits, 0.

Visits of Nurses (all departments).—Number of visits with treatment, 1,237; number of social service visits, 218; number of prenatal visits, 69; number of tuberculosis visits, 161; number of other visits, 251; total number of visits, 1,936.

Metropolitan Report.—Number of metropolitan calls, 496.

Dispensary Report.—Number of clinics held, 80; number of new patients, 94; number of old patients, 400; total number of patients treated during month, 494. Classification of clinics held: Prenatal, 1; surgical, 18; nose and throat, 8; eye and ear, 18; skin and genito-urinary, 8; medical, 8; venereal, included in skin; lung, 4; dental, 0; neurology, 5; stomach, 0; pediatrics, 5; gynecological, 5.

Red Cross Notes.—The national officers who will direct the activities of the Red Cross on a peace basis were elected at the annual meeting in Washington. The War Council, appointed by President Wilson in May, 1917, formally retired on March 1, and the affairs of the organization were transferred to the new administration.

Dr. Livingston Farrand, former president of the University of Colorado, who was appointed chairman of the Central Committee to succeed former president William H. Taft, actively assumed his duties on that day. The national officers elected were Woodrow Wilson, president; William H. Taft and Robert W. de Forest, vice-presidents; John Skelton Williams, treasurer; Alexander King, counselor, and Dr. Stockton Axson, secretary.

To serve with Dr. Farrand the following members have been selected for the Central Committee: Willoughby Walling, of Chicago; Robert Lansing, Secretary of State; John Skelton Williams, to represent the Treasury Department; Major General Merritt W. Ireland, Surgeon General, U. S. A., to represent the War Department; Rear Admiral William C. Braisted, Surgeon General, U. S. N., to represent the Navy, and Alexander King, to represent the Department of Justice.

—The American Red Cross has added an agricultural section to its many services in aiding the devastated lands of the North and East.

As a beginning, in an effort to help the soldiers in their work of gathering the harvest in the liberated region of the Aisne, the Red Cross has given fifty reapers and fifteen hundred scythes to the army agricultural corps.

—The American Red Cross has appropriated an additional $100,000 for the maintenance of its sanitary units and dispensaries at the military cantonments of the country to the end of June. The plan of the Red Cross to continue its activities in this direction has the approval of Surgeon General Blue of the United States Public Health Service.

Lieutenant Colonel E. G. Zabriskie of New York City has been designated Senior Consultant in Neuro-psychiatry for the American Expeditionary Forces, succeeding Colonel Thomas W. Salmon, who has returned to the United States for duty in the Surgeon General's office. chiatrist of the Fourth Division. Subsequently he was Consultant in Neuro-Lieutenant Colonel Zabriskie went to France as Divisional Neuro-psy-psychiatry to the Third and Fifth Corps and to the First Army. After the armistice he served as Consulting Neuro-psychiatrist to the Savenay Hospital Center.

Personal.—Dr. La Salle Archambault (A. M. C., —), announces the removal of his office to 46 Chestnut street, Albany, N. Y.

—Dr Leon C. Cote (A. M. C. '17), ranking as 1st lieutenant, is in active service with Field Hospital 377 at Archangel, Russia. This hospital has been on duty in France with the 310th Sanitary Train of the Expeditionary Force.

Lieutenant Cote has sent to the Dean of the College, "with best regards to Faculty and boys," a copy of Number 7 of *The American Sentinel,* of January 25, 1919, a folio newspaper of four pages published weekly at Archangel. It is now known that Lieutenant-Colonel Corning and Captain Malcolm Douglas have joined the American detachment at Archangel, and will be able to join Lieutenant Cote and other fellow alumni of the Albany Medical College, in common felicitations upon the scene of their martial exploits, which is described as follows in a communication to *The American Sentinel:*

Sometimes, about once or twice every now and then, copies of the *Stars and Stripes* find their way up here to No Woman's Land and are instantly devoured by the news-hungry gang, searching for information regarding their comrades and general conditions in France, where we belong, but through Fate were sent up to this part of the world to quell Bolshevism and guard the Northern Lights.

We are so far north that the doggone sun works only when it feels inclined to do so, and in that way it is like everything else in Russia. The moon isn't so particular, and comes up, usually backwards, at any time of the day or night, in any part of the sky, it having no set schedule, and often it will get lost and still be on the job at noon. Yes, we are so far north that 30 degrees below will soon be tropical weather to us, and they will have to build fires around both cows before they can milk them. Probably about next month at this time some one will come around and say we will be pulling out of here in a day or so, but then, the days will be six months long.

In one issue of your very popular paper we noticed a cartoon, "Pity the Boys in Siberia," but what about us, Ed? Now, up here in this tough town there are 269,831 inhabitants, of which 61,329 are human beings and 208,502 are dogs. Dogs of every description from the poodle to the St.

Bernard and from the wolf-hound to the half-breed dachshund, which is half German and half Bolshevik and looks the part.

The wind whistles across the Dvina river like the Twentieth Century Limited passing Podunk, the snowflakes are as numerous as retreating Germans were in France a few weeks ago. We have good quarters, when we are here, thank Fortune for that, and good food, when it comes up. If we can stand the winter, we will be all jake, for a Yank can accustom himself to anything if he wants to. But just the same, we would like to see your artists busy on "The Boys in Northern Russia" and tell them not to leave out the word "Northern."

We also read in *The Stars and Stripes* that the boys in Italy had some tongue twisters and brain worriers, but listen to this: Centimes and sous and francs may be hard to count, but did you ever hear of a rouble or kopec? A kopec is worth a tenth of a cent and there are a hundred of them in a rouble. As you will see, that makes a rouble worth a dime, and to make matters worse all the money is paper, coins having gone out of circulation since the beginning of the mix-up. A kopec is the size of a postage stamp, a rouble looks like a United Cigar Store certificate, a 25-rouble note resembles a porous plaster and a 100-rouble note the Declaration of Independence.

When a soldier in search of a meal enters a restaurant, he says to the waitress, "Barishna, zakajeetyeh bifstek, pozhalysta," which means "an order of beefsteak, lady, please." You see, you always say "barishna," which really means "girl," and until a young lady is married she is always a "barishna" and is always addressed in that manner. She will answer the hungry customer with, "Yah ochen sojalaylu, shto unaus nyet yestnik prepasov siechas" (a simple home cure for lockjaw), meaning, "I am very sorry, but we are right out of food today." He will try several other places, and if he is lucky he is apt to stumble across a place where he can get something to eat, but when he looks at the bill of fare and learns that it cost him about 7.50 for a sandwich and a cup of coffee, he beats it back to the barracks.

MARRIED.—Dr. HUBERT S. CARROLL (A. M. C., '18) and Miss ELIZABETH RONAN MAAS were married at Albany, N. Y., April 26, 1919. Dr. and Mrs. Carroll will reside at Racquet Lake, N. Y.

In Memoriam

Harris J. Cornish, M. D.

Dr. Harris J. Cornish, a graduate of the Albany Medical College of the Class of 1870, died suddenly at his home in Walworth, N. Y., on April 14, 1919. Dr. Cornish was born at Lee Centre, Oneida County, N. Y., July 22, 1846, and received his preliminary education at the Rome Academy. After graduating in medicine he returned to his father's home in Lewis County and assisted his father in a large country practice. The father's health succumbed to his arduous life, and the son became disaffected and engaged in business in a drug store. Later he accepted a position as traveling salesman with the Norwich Pharmacal Company, and continued in this employment for thirty years until his death.

Erastus A. Taylor, M. D.

Dr. Erastus A. Taylor died March 12, 1919, at his home at Schuyler Lake after a lingering illness. He was the son of Milton and Jane Taylor and was born on the Taylor homestead February 1, 1849. He graduated from the Eastman Business College in Poughkeepsie and from the Albany Medical College with the class of 1880. He practiced medicine at Schuyler Lake for nearly forty years. He married Miss Grace Brown and after her death married Miss Clara Gano. He leaves his second wife, one son, Harold Taylor; two daughters, Mrs. Frank Ervin of Webster, Texas, and Mrs. Frank Williams of Utica, and one grandson, Milton Erwin of Webster, Texas.

★Lewis T. Griffith, M. D.

Dr. Lewis T. Griffith, ranking as lieutenant-colonel in the United States Army, died of disease in France, April 8, 1919. Dr. Griffith was born in Troy, N. Y., in 1873 and graduated from the Albany Medical College with the Class of 1897. He served in the United States Army Medical Department during the Spanish-American War, and later in the Philippine Islands. In 1902 he engaged in private practice in New York City, at 616 Madison avenue, in association with Dr. I. L. Hill. During this time he gave most of his attention to anaesthetics and held several hospital appointments. He was one of the pension examiners for New York City. He thus held an engrossing interest in medical affairs, and it was natural that the call to arms should have had from him a ready response. In 1917 Dr. Griffith was commissioned as captain in the Medical Reserve Corps and entered upon active service at once.

Dr. Griffith never married.

JOHN W. BURNS, M. D.

Dr. JOHN W. BURNS, aged 40, died Saturday afternoon, March 29, 1919, after an illness of two days with pneumonia, at his residence, 1800 Broadway, Watervliet, N. Y. Dr. Burns was born at the family homestead near Menands, was educated at the Albany Academy and the Albany Medical College from which he was graduated in 1901. He took a post-graduate course in New York before beginning practice in 1905. He had been for seven years health officer of Watervliet and was jail surgeon during another interval. He was affiliated with the Rensselaer and Albany County and Watervliet Medical Associations, was a member of the Ghosts' Club and Watervliet Council Knights of Columbus. He leaves his wife who was before her marriage, Miss Alice Brogan; his father, James A. Burns, superintendent of the Rural Cemetery; three sisters, Mrs. Francis X. Flynn of Albany, Mrs. Taylor of Menands and Miss Gertrude Burns, and a brother, James A. Burns, Jr.

Current Medical Literature

REVIEWS AND NOTICES OF BOOKS

The Unsound Mind and the Law. A Presentation of Forensic Psychiatry. By GEORGE W. JACOBY, M. D., Author of "Child Training as an Exact Science," Fellow of the New York Academy of Medicine, Member of the American Medical Association, American Neurological Association, and New York Neurological Society, Consulting Neurologist to the Hospital for Nervous Diseases, The German Hospital, the Beth Israel Hospital, The Red Cross Hospital, and the Infirmary for Women and Children in the City of New York, etc. Funk & Wagnalls Company, New York and London, 1918.

Dr. George W. Jacoby, in his "The Unsound Mind and the Law," has produced a very readable and scholarly book; which shows a wide review of the literature on the part of the author; mainly confined, however, to German psychiatrists. The book consists of an exhaustive account of the methods of diagnosis in mental disease and a brief description of its various forms. Although there are a few scattered remarks on the inefficiency of the laws and lawyers in regard to insanity; there are no criticisms of psychiatrists from a lawyer's standpoint and no attempt to present a definite and complete statement of the legal ideas as to insanity. Insofar the text hardly fulfills the promise of the title. H. H.

English-French-Italian Medical Vocabulary. By JOSEPH MARIE. Published by P. Blakiston's Sons & Co., 1012 Walnut St., Philadelphia.

This small book contains phrases for directing first aid lists of English, French and Italian medical words, Italian abbreviations in general use,

Italian and French pronunciation, various tables for converting Troy weights into metric weights, metric into Troy, percentage solutions showing the required quantities in grains, weights of fluid drams in grains, European money and equivalent in United States and English money, tables of weights and measures, and lists of useful books for medical officers, dentists and nurses.

This little book should be very useful for medical military officers and nurses. It is unfortunate, however, that equivalents should not be given in German as in French and Italian, for the way to know an enemy is to understand his language. Only in this way can it be properly dealt with.

Quarterly Medical Clinics. Edited by FRANK SMITHIES, M. D., Augustana Hospital, Chicago, January, 1919, Vol. 1, No. 1.

These clinics represent the report of clinics and lectures given at the hospital to the senior students of the school of medicine of the University of Illinois. The notes have been edited, mimeographed, and given to the students at the succeeding clinics. They are now issued in this more permanent form for the use of medical men generally. In presenting these cases not only is the history and physical examination given as well as the results of the special examinations, but the detail of procedure of the various technical, so-called laboratory, examinations, is appended after the discussion of the case. In this manner the reader learns not only the results of the various examinations but how these results have been obtained. The title precedes the case discussed and in the contents are the leading symptoms and signs rather than the diagnosis. The latter is brought out in the discussion. This method has the advantage of stimulating the interest of the reader to make his own diagnosis and then learn from the discussion whether or not he agrees with the opinion presented. This volume, as is true with other series of public cases, shows the value of presenting certain phases of medicine by the so-called case system.

MEDICINE

Antigens used in the Wassermann Reaction.
E. D. RUEDIGER, *Journal of Infectious Diseases, March* 1919, *Vol. 24, No. 3.*

Alcoholic extract of the human heart, beef heart, and rabbit heart gave negative results with serum from fifty clinically non-syphilitic persons, while alcoholic extract of dog heart gave positive results in 32 per cent, and alcoholic extract from guinea pig's heart gave positive results—34 per cent. These were considered as false positives. With the serum from known syphilitics the alcoholic extract of beef heart and the alcoholic extract of rabbit heart frequently gave stronger positive results than the alcoholic extract of human hearts. The results were the same when the antigen was added fifteen minutes after the complement or fifteen minutes before the complement. Also antigen dilution of from one to thirty-five to one to seventy-five gave identical results of a dilution of one to twenty-five.

Lethargic Encephalitis.

Leonard Findlay. *The Glasgow Medical Journal, No. IV, October,* 1918.

The author summarizes the English clinical data by the following quotation from Harris (Lancet, Apr. 20, 1918, p. 568): "The patient whilst in ordinary health begins to be languid and drowsy, with or without headache and other symptoms of malaise. In a few hours or days the weakness has increased very much, and indeed may amount to complete prostration, so that he lies helpless in bed and can hardly move a muscle. Together with this the drowsiness becomes more marked and develops into real lethargy. Pyrexia may be absent throughout or it may be present from the first, become severe, and persist. Cerebral excitement and delirium has been a prominent feature in some of the cases. In most of them local symptoms pointing to lesions in the bulbo-pontine area are present at some time or other. Of these ptosis, ophthalmoplegias of various extent, nystagmus, facial palsy . . . speech affections, and dysphagia have occurred in different combinations in different cases. Muscular tremors of a curious kind have been noted in some. . . . But there has been, as yet, no evidence of a localized limb paralysis such as one commonly sees in acute poliomyelitis."

Summaries of three cases follow:

Case I. Female aet. 6½ years. Onset with headache and drowsiness. Apathetic at home. Could be roused. Cerebration then was slow but normal. Obeyed all orders. Immediately relapsed into sleep. Catalepsy, right facial paralysis, nystagmus, redness and swelling of optic discs, double ankle clonus. Temperature normal. Spinal fluid clear, occasional lymphocyte, sterile. Lethargic five weeks. Later—five weeks—double ptosis, complete paralysis of both third nerves. Five months later—right sided facial paralysis, ptosis right upper lid, left external squint, mentally not so acute as formerly.

Case II. Male aet. 10. Onset double vision and squint. Then drowsiness. Could be aroused. Rigidity of neck, spasticity of legs. Kernig +. Temp. normal. Optic discs reddened. Sudden cyanosis and death.

Case III. Male aet. 4 10/12. Onset vomiting Epileptiform convulsions followed by lethargy. Complete recovery.

These cases differ from Botulism, viz.: (1) The presence of drowsiness; (2) the fact that only isolated examples occur in any household; and (3) the failure to discover the etiological organism.

They differ from poliomyelitis, viz.: (1) drowsiness (polio: delirium and unconsciousness); (2) the virus (?) is not filterable (Wiesner's one experiment) whereas the polio virus is filterable; (3) 77 to 86% of cases are over 10 years of age; in polio over 90% are under 10 years; (4) seasonal incidence: these cases occur in the winter months, polio cases occur in July, August and September.

The author concludes that:

1. During the spring of this year (1918) there occurred in France and England an epidemic of a peculiar nervous disease.

2. The chief symptoms of the condition are lethargy and ophthalmoplegia or paralysis of a cranial nerve.

3. Pathologically the condition is characterized by perivascular cellular accumulations in the grey matter at the base of the brain; the virus is filterable.

4. It would seem to be a disease sui generis due to some unknown cause, and to which the name lethargic encephalitis has been given.

5. There is absolutely no evidence that it is of the nature of Botulism.

6. It would also seem to be quite distinct from poliomyelitis or polioencephalitis (infantile paralysis) on the ground of a different age incidence, of a different seasonal incidence, and of the fact that the virus is not filterable.

Droplet Infection and its Prevention by the Face Mask.

George H. Weaver. *Journal of Infectious Diseases, March,* 1919, *Vol.* 24, *No.* 3.

The author concludes that gauze will filter bacterial spray from the air if the thicknesses are in direct proportion to the fineness of the mesh and the number of layers employed. Three layers of gauze with a mesh of forty threads or more will remove almost all bacteria-carrying droplets. Occasional fine droplets pass through. He, therefore, believes that such masks are useful when worn for protection by attendants on the sick and also when worn by the affected individual to prevent contamination of the surroundings. He emphasizes the fact that the use of masks should not lead to neglect of measures calculated to prevent transfer of infectious material by other means than by droplet spray.

Renal Function as Measured by the Elimination of Fluids, Salt and Nitrogen, and the Specific Gravity of the Urine. II. The Effect of High, Low and Normal Diets.

Herman O. Mosenthal. *Archives of Internal Medicine, December,* 1918, *Vol.* 22, *No.* 6.

In this paper (ii) the author has reinvestigated the subject, using three diets (high protein, low protein, and normal) on two series of individuals; the first series on normals, students and members of the teaching staff, and the second series on persons suffering from diseases causing impairment of renal function. Specimens of urine were collected at two-hourly intervals during the day and for a twelve-hour period at night.

The modified standards now adopted for normals fix (1) the maximal

specific gravity at 1.018 or higher for high diets and 1.020 or higher for low or normal diets. Evidently this is one of the most constant features to be relied on in estimating normal renal function by the test meal; (2) the variation in specific gravity at 9 degrees or more, though a smaller variation does not necessarily indicate that the kidney is abnormal, provided the specific gravity is 1.020 or over, but may point to a deficient available supply of water from which to form urine; (3) in judging the night specimen only urines exceeding 750 cubic centimeters may be looked on as exhibiting nocturnal polyuria; the concentration of nitrogen may be interpreted as normal if it is over 1 per cent, but not necessarily as an indication of diminished renal function, if it is lower. In summary, the height of the maximum specific gravity and the volume of the night urine are the most constant features of the normal test, regardless of the diet.

In abnormal individuals, the comparative value of test means for renal function on high and low diets was observed in 114 patients. Only the high and low diets were employed. It is very significant that the increase of night urine occurred almost exclusively on the high diet. In the first place, it may be concluded that nocturnal polyuria is a compensatory phenomenon to bring about the elimination of solids which a defective kidney cannot excrete except at lower concentrations than normal; in the second place, it appears that nocturnal polyuria is a signal that the kidney function is being overtaxed and that, in some instances at least, a suitable diet may do away with this unnecessary strain. Nocturnal polyuria may be absent even when there is a very marked renal insufficiency, but when it is present it indicates a distinct impairment of function, especially if the night urine is increased while the patient is on a low diet.

The Maximal Specific Gravity. This is probably one of the most important features in measuring renal function by the method under consideration. It has been previously noted how, as the activity of the kidney becomes impaired, there is a tendency for the specific gravity of the urine to assume a lower level until in the final stages it usually cannot be raised above 1.010. In comparing the results of the high and low diet, as far as the maximal specific gravities are concerned, in normal individuals, there is a fairly close agreement. Variations may occur but these are usually caused by the alternate retention or elimination of edematous fluid, and are apparently not influenced by the character of the test diet. The subject whose renal function is not impaired usually shows a fixation of specific gravity at a high level, while with an impairment of renal function this manifests itself at a much lower point.

It may be concluded, therefore, that the degree of variation of specific gravity in test meals for renal function is not very different, whether high or low diets be employed.

On Trinitrotoluene Poisoning, with Records of Five Cases.

Albert Wm. Gregorson and Frank E. Taylor. *The Glasgow Medical Journal, No. II, August*, 1918.

The author cites the clinical records of five cases coming under his observation, two of which died and were autopsied. The clinical picture is that of an acute toxic jaundice resembling the picture of acute yellow atrophy of the liver.

The condition shows that there is an undoubted disturbance of the circulation of the bile ending in an accumulation and absorption of bile constituents in the blood, which leads to a severe anaemia with pronounced fall in the percentage of the hemoglobin, and extreme polymorphonuclear leucopenia.

This new type of jaundice, as subsequent events showed, was hepatogenous in its production. A slow pulse and a tendency to mental depression, and to oozing from any wounded surface, are usually associated with the severer types of jaundice. The pulse in Case I was never under 80, was frequently 110, and, in the terminal stages 160.

Itching of the skin, which usually accompanies jaundice, was entirely absent, and oozing from the unwounded mucous membrane was a prominent feature.

In Cases II and III there was no rash on the skin, and, as far as we can gather from the history of the onset, the principal channel of absorption seems to be the lungs and stomach.

A certain amount of dust must be inhaled, and a considerable amount becoming attached to the mucous membrane of the mouth and throat is swallowed with the saliva.

It has been shown that gastric disturbance and peripheral neuritis were the earliest symptoms, headache, anemia, and jaundice following in the order named.

The intensity of the jaundice varied from week to week, being at times a deep yellowish-green, and it was noticed that as the color faded the patients showed signs of improvement. The deepest discoloration was associated with the most serious stage of the disease.

The autopsies revealed a generalized jaundices, petechial hemorrhages in the peritoneum, heart (subendo and pericardium), stomach and diaphragm.

Liver: Advanced fatty degeneration.

Kidneys: Advanced cloudy swelling.

Brain and cord: Normal.

Outbreak of Typhoid Fever Among American Troops in England.

C. B. Hawn, J. D. Hopkins and F. M. Meader, *Journal of the American Medical Association, February* 8, 1919

July 11, 1918, there appeared at an American rest camp in England the

Fourth Casual Company, J. A. R. D., Camp Cody. Soon after its entrance to the camp several soldiers with fever were brought to Camp Hospital No. 34. At the time many cases of influenza were present among the soldiers who were passing through this camp, so that no special significance was attributed to the symptoms they presented. After a few days' observation the commanding officer of Camp Hospital No. 34 suspected that the cases might be typhoid fever. At about the same time the commanding officer of Camp Hospital No. 36 transferred a few patients to U. S. Base Hospital No. 204. Suspicion of typhoid fever was soon aroused, and blood cultures were ordered by the attending medical officer. The district sanitary officer of United States troops inspected the patients and took specimens of blood in all of the cases. *Bacillus typhosus* was isolated in eight out of ten cases two days later. During the next month *Bacillus typhosus* was isolated from the blood or feces in ten more cases. Altogether, thirty-eight soldiers developed typhoid fever. *Bacillus typhosus* was isolated in eighteen of these cases.

The organization left Camp Cody, Deming, N. M., June 15, 1918, for Camp Merritt, N. J. While en route, June 18, the organization stopped at Meridian, Miss., and was taken for a swim in a lake. The organization arrived at Camp Merritt, June 21, embarked, June 28, and arrived at Liverpool, July 10. After disembarkation the organization proceeded to the rest camp at Romsey, England. At the British port of debarkation, three cases were left at Red Cross Hospital No. 4, and it is reported that two other cases were left at some station en route to the camp. At the American Rest Camp forty soldiers were found ill and transferred to United States Base Hospital No. 204, where a diagnosis of typhoid fever was made on thirty-eight of them.

From a study of the history of each case it was noted that the date of onset varied over a period of about a month. The first patient was ill on leaving Camp Cody. The second case developed, June 19; the third, June 21; the fourth, June 24; three developed on the 26th, four on the 29th, and five, July 6, after which a case developed every day up to the time the organization arrived at the American rest camp at Romsey.

The organization left the American rest camp before the diagnosis of typhoid fever had been established, and fifty-seven other cases developed. This makes ninety-eight cases from a total of 248 men.

These patients became infected either in the train early in the journey or by bathing in the water at Meridian, Miss., June 18. The water may easily have been infected by one or two typhoid patients that were present in the organization at the time. In the remaining cases of typhoid the men undoubtedly received their infection by contact with the patients who were ill in the organization. This could easily be done since the men were crowded together on the train or on shipboard.

There were about 1,800 men on board the steamer, which number was composed of Casual Companies 4, 10, 11 and 15, and Supply Company

112. Most of these organizations went on to France, and among the members of Casual Company 4, fifty-seven other cases developed, as is mentioned above.

All of these patients had been inoculated with either typhoid vaccine and paratyphoid vaccine or triple typhoid vaccine or both. Many of them had received several doses in excess of the required number and the men were inoculated at widely different posts and at different times. One patient says that he received but one dose; otherwise it would seem that the whole organization was thoroughly immunized.

The most interesting question that arises in regard to these cases is: Why did this large group of vaccinated men become infected? To this, three possible answers present themselves: First, that the vaccination was defective; second, that the infection was due to the abnormal race of *B. typhosus* against which the vaccine did not protect; third, that the men received an overwhelming dose of the infecting organism.

The first hypothesis seems improbable from the fact that the men were vaccinated at different camps and at different times, so that it is hardly possible that all received the same batch of vaccine. Additional evidence on this point is seen in the record of their agglutinins for paratyphoid A and B. When first examined, the majority had from 25 to 100 agglutinin units for these organisms in their serums. This means agglutination in dilutions from 1:100 to 1:500. It is no lower than frequently found in healthy soldiers from eight to twelve months after vaccination, and shows that the vaccine was good and that the men reacted to it. It is true that a few men in the series had a very small amount of agglutinin or none at all for these organisms, even when their records stated that they had received triple vaccine; but this fact could not explain the majority of the infections.

It might be suggested that the paratyphoid agglutinins that were observed in these cases were group agglutinins, due to the typhoid infection and not to the paratyphoid vaccination. It has been the experience of Dreyer and his co-workers that group agglutinins of this sort are not encountered. Moveover, it was readily shown in cases that were tested by absorption that the three agglutinins were distinct. The possibility that these infections were due to defective vaccine can, then, practically be excluded.

As to the second hypothesis, that the infections were due to an abnormal strain of typhoid, we have no positive evidence. All the strains isolated gave characteristic fermentation results on glucose, lactose, mannite and saccharose; and all with one exception agglutinated in typhoid immune serum in about the same dilution as the homologous strain. One strain isolated from the blood has remained inagglutinable so far, although its cultural reactions are typical.

It has been shown by Weiss [1] that minor differences both antigenic and

[1] Weiss, H.: J. M. Res. 35:403 (Jan.) 1917.

cultural can be brought out between certain races of *B. typhosus*. We propose to investigate these strains further in this respect.

In the absence of evidence that prophylactic immunization of these men differed in any way from that which has, in the vast majority of cases, given adequate protection, or that the strain of typhoid with which they were infected was atypical, there remains the hypothesis that they received an excessive dose of typhoid bacilli.

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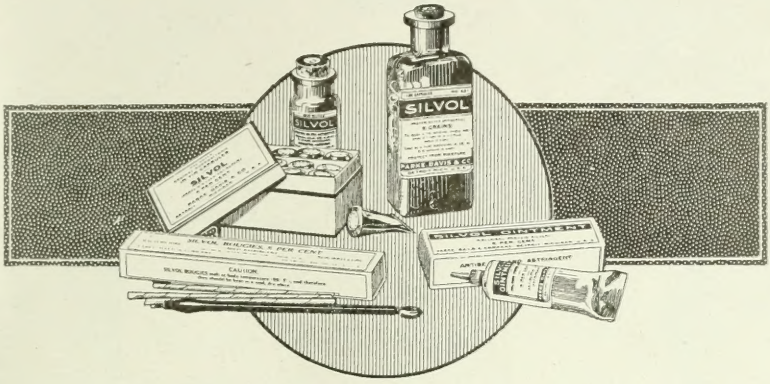

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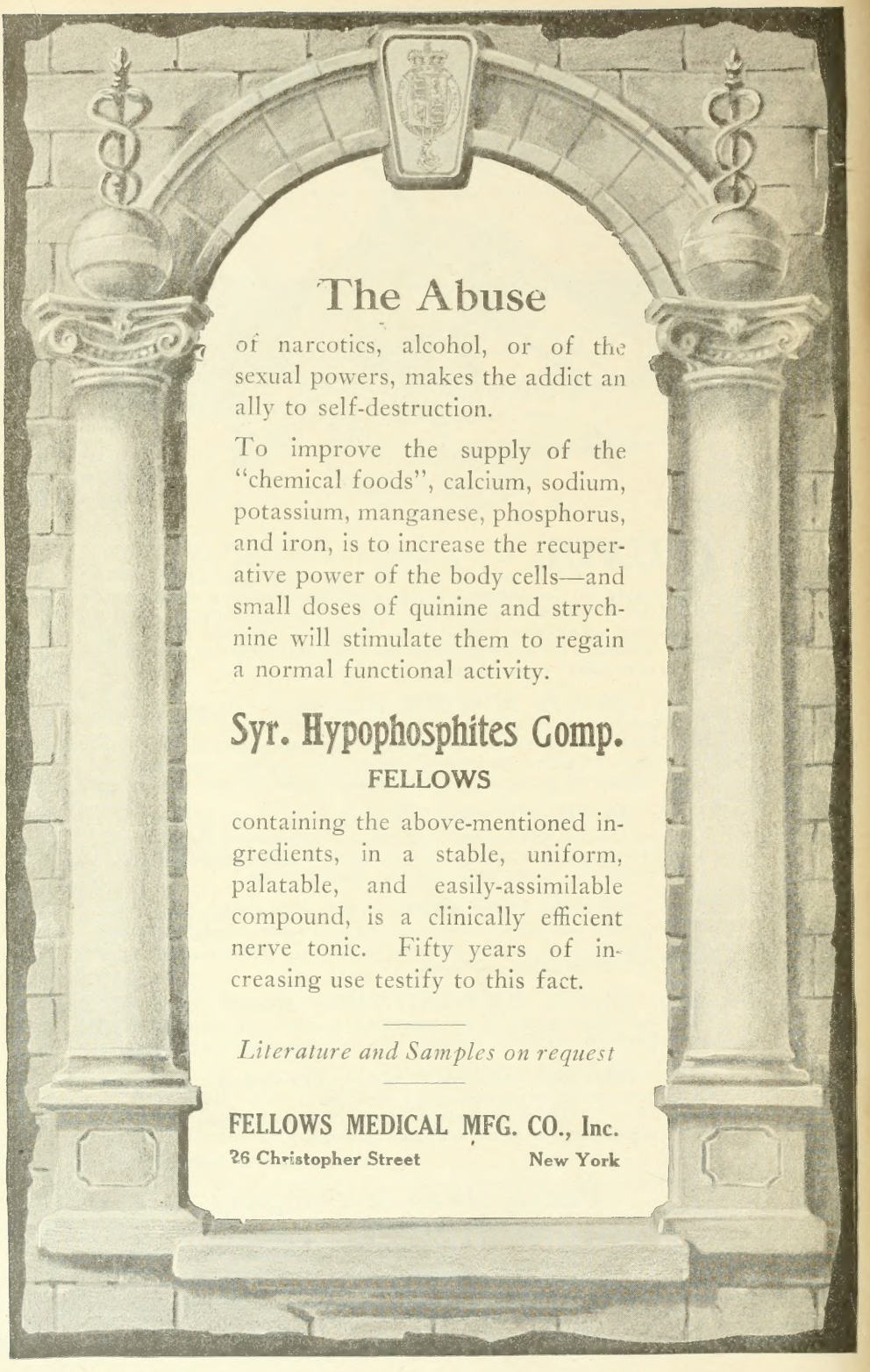

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